

COLORADO METHAMPHETAMINE TASK FORCE

Meeting July 24, 2009

10:00 am – 1:00 pm

**Colorado Municipal League
1144 Sherman St., Denver, CO**

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Chair – Attorney General John Suthers

Vice –Chairs:

- *Treatment* – Janet Wood, Director, Division Behavioral Health, CDHS
- *Prevention* – José Esquibel, Director, Interagency Prevention Systems, CDPHE
- *Law Enforcement* – Lori Moriarty, Retired Commander, Thornton Police, Department, North Metro Drug Task Force

Task Force Members Present: John Suthers, Janet Wood, José Esquibel, Lori Moriarty, Stella Garza-Hicks, Janelle Krueger, Janet Rowland, Dan Rubinstein, Nicolas Taylor, Tim Griffin, Dana Wilks (for Tom Quinn), Jerry Garner, Wayne Maxwell, Kathryn Wells, Debra Campeau, Carmelita Muniz, Jeanne Smith, Erin Goff, Jade Thomas, Chele Clark

Guests Present: Jonathan Judge, Peter Riley, Julia Roguski, Meredith Henry, Melissa Gallardo, Mathew Goldberg, Loren Miller, Jennifer Rivera, Dennis Dahlke, Steven Holloway, Jeff Haifley

Introductions:

Two new Task Force members were introduced. Dan Rubinstien is replacing Mitch Morrissey and Dan Kaup is replacing Judge James Hiatt. The only vacancy that we have is for a pharmacist. We have not been able to find a person for that spot. Dr. Brett Kessler would like to be a member as well as a judge in Southern Colorado. Are we able to add to our membership? Per legislation the membership is limited to what is in the bill; however we are able to have sub-committees.

Review and Approval of the Minutes:

Motion was moved and seconded for approval of minutes from the May 22, 2009 meeting.

Announcements from the Task Force Members:

Janelle Kruger –Two weeks ago the funding for the Safe and Drug-Free Schools and Communities program was cut from the congressional budget by the House of Representatives. Janelle handed out a fact sheet of what the proposed elimination of this program would mean to Colorado. The three main points are: \$2.3 million would no longer support districts in addressing Colorado risk factors and would mean a loss of support for local prevention efforts; second the loss of funds to grantees will likely cause a set-back in the gains made toward reducing substance abuse and violence-related behaviors; and finally there would be a weakening of the school-based prevention infrastructure. She will keep the Task Force updated on this issue.

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Dennis Dahlke – Indian Health Services received stimulus money for meth treatment in the amount of \$67,000 for two years and a possible 3rd year. If you have a Native American client and can't get them into a clinic contact Dennis.

Janet Rowland – The Mesa County Meth Task Force Coordinator resigned and we have been able to hire a new director. His name is Jeff Haifley and his background is law enforcement. Ms. Rowland introduced Mr. Haifley to the State Meth Task Force members.

Dr. Nicolas Taylor - Delta Project Update. Some other local meth task force coalitions may be uncertain about what they should become in the future. The Delta Meth Task Force in Delta County has morphed into Meth Free Delta County (MFDC) which is its own 501(c)(3) non-profit. Essentially MFDC is a "managed service system." They have contracts with the local providers in order to deliver the community-based treatment model called "The Delta Model." Drug testing services, a volunteer coordinator, a case manager/community resource coordinator, a clinical director and now outpatient treatment providers now have contract relationships with MFDC to streamline the delivery of this treatment system to the community. MOUs have been developed to provide all of these services in a coordinated fashion for the local drug courts. Community based treatment via this managed service system will eventually be open to referrals from the public and other referral sources as well. There is now tighter control over the delivery of the model, which is solidly supported by evidence based parameters.

Debra Campeau - September 25th is the 5th annual Drug Alliance Meeting in Colorado Springs.

Wayne Maxwell– One of the gaps in the system of care for people with substance use disorders is access to primary care. In Weld County we are working with the local Federally Qualified Health Center (Sunrise Community Health Center) to bring primary care into our system. We currently provide behavioral health care in the Sunrise medical facilities. By the end of this calendar year, we hope to have a Sunrise primary care physician in our outpatient clinic at North Range Behavioral Health.

Jonathan Judge– Colorado Meth Project Update. In the 7 weeks from the campaign's launch to the end of June, the media statistics indicate the Colorado Meth Project has reached 2.4 million Coloradans in the 12-49 age group (covering the targeted demographic of teens, young adults and parents of teens). Those 2.4 million have seen the public messaging anywhere between 11 (teens)-18 (adults) times each in the various media formats.

There are nearly 300 volunteers who have contacted us to get involved, including 37 active in a broad geographic area. The Colorado Meth Project is working with these

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volunteers to continue establishing outreach activities around the state, including some county-specific awareness weeks in partnership with local organizations during the coming school year. The ColoradoMeth Project Facebook and MySpace pages have the largest memberships amongst the various Meth Project states.

Dr. Kathryn Wells – Regarding "Connections for Kids" clinic at Denver Health, all kids in foster placement through Denver County that live in the Metro area are required (with rare exclusions) to go to the clinic for all of their routine and well-child care. Additionally, we do developmental screen on all of them, they can receive dental care there and we have received a grant from the Colorado Health Foundation to explore how to better integrate their mental health needs with this clinic as well. This is all in an effort to provide a "medical home" for children in foster care.

José Esquibel – Screening, Brief Intervention and Referral to Treatment (SBIRT) is expanding across the state. Substance use screenings are occurring in a variety of primary care settings across the state. Preliminary outcomes from six-month follow-up interviews are seeing a 34% drop in the number of days of illegal drug use among patients who screened as moderate to high-risk substance users.

Jeanne Smith – A Colorado Commission on Criminal and Juvenile Justice has started the sentence review and they are splitting into two groups. The second committee is the drug policy working group, title 18 – this group will be covering the top to the bottom. There will be about 25 people involved. Carmelita Muniz has been asked to be a member and the Vice Chairs are recommending that she be the official liaison between the two groups.

Senate Bill 60 Follow-up: - Vice Chair José Esquibel

As a follow-up to the discussion at the last meeting, Colleen Brisnehan, confirmed that the change in definition of "Illegal Drug Laboratory" only impacts the meth lab cleanup statute and the real estate disclosure statute. It does not impact the child protection or criminal statutes since these statutes do not use this term, but rather refer to manufacturing of a controlled substance. At this point, there is nothing else to report on regarding the pending revisions to the meth lab cleanup regulations since CDPHE is not ready to start the stakeholder process.

Identifying Drug Endangered Children through Parole

Tim Griffin, Asst. Director & Matt Goldberg, Team Leader, Division of Adult Parole & Community Corrections

Jade Thomas, Executive Director, Colorado Alliance for Drug Endangered Children

Colorado Web Integrated Support Environment (CWISE) – Information concerning the children living with the offender as well as his/her children living elsewhere will be

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entered into the CWISE Database, which electronically houses all of the information for the Division of Adult Parole and Community Corrections. In the case of a positive drug test, a search in which drugs or paraphernalia are found, or in the case of an arrest for a drug-related offense, the case will be converted to an Active DEC case and the officer will follow the appropriate protocols to provide the necessary services and support to these children.

Community Parole Officers are a noteworthy example of the opportunity that exists to identify drug endangered children that are in the homes of or being parented by the most dangerous and high level offenders just as they are released from prison and throughout their transition into the community. The Division of Adult Parole and Community Corrections is working in partnership with the Colorado Alliance for Drug Endangered Children to increase the identification of drug-endangered children.

DEC Training & Collaboration: Community Parole Officers will receive comprehensive training on the importance of recognizing and responding collaboratively to the needs of children in dangerous substance abusing environments. In addition, the Community Parole Officers will coordinate with all appropriate agencies to ensure a safe and healthy future for drug endangered children.

The Colorado State Methamphetamine Task Force has identified this collaboration as an innovative opportunity to better the coordination of systems and improve the well-being of drug endangered children.

A short presentation of the new system was shown to the group.

Comments from Task Force members:

- How did you come up with the list of drugs?
 - The list comes from the toxic screen from the lab. Currently, the system allows up to 3 drugs choices, we can add the ability to increase the number of drug choices later. The programmers have been very flexible in making changes to the system.
- Will budget reductions will that have any effects on this system?
 - We don't think so, and we have built this into the system so we will be able to track. This could be a long term tracking system for children. This is an item that can be huge in the long term.
 - Knowledge and numbers will be collected and will show its own picture.
 - The pilot with be in Denver but the system will be open statewide.

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Substance Abuse Data Indicators – Vice Chair Jose Esquibel

Carole Broderick, PhD OMNI Institute

Janna Bisetti, Regional Prevention and Evaluation Consultant, OMNI Institute

Jade Thomas, Executive Director, Colorado DEC

One of the challenges has been to find data that is available at both the state and county levels. The Meth Data Committee has met three times this year and has come up with a draft list of the indicators. In coming up with the list, one of the criteria was that the data had to be available at the state and county level. We started with about 200 indicators and researched the list. The list was narrowed down and we continued to look for other indicators. The group did decide to include a list of indicators that are from data only available in the metro area only.

On the ASPIRE Web site there is the Colorado State Methamphetamine Task Force community page. There is a great deal of information on the ASPIRE Web site. The community page will show the information that is most relevant to methamphetamine and other drugs. State or community people will be able to query only the indicators that are on the list. The community page will also indicate the level from which the data can be pulled. Then there is also the capability to do a dashboard – you can search the state and then use your community page to see a dashboard. This will be open to communities. Once the word about the dashboard is disseminated, it will start getting used.

Justice system indicators were used and there were significant overlaps with the criminal justice system. A lot of state departments are using ASPIRE database and have been for a number of years. New pages and links are being created. This is where the community can go to.

The members of the Meth Data Committee have done their job. Once the Web site is ready for use, the Meth Task Force will need to discuss the use of data for policy discussions.

Q: Can we generate a survey to get feedback on this?

- We need to get community input.

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APIRE Core Components and Features - Presentation

ASPIRE consists of several components and features that support its various uses.

- A database of time series social and health indicator data organized at the county level
- A database of program resources that includes source of funding, purpose of funding, funded organization, organization of information.
- Output in the form of tables, graphs and maps
- Main page option – open to the public
- Community pages – for additional fee

Address for the site is: <http://aspire.omni.org>

Comments:

Impressive.

Can we track usage to this? Number of times the page has been used?

- Yes.

This is the alignment between state and community.

This can be used to prove our policies are working and show the legislatures what we are doing.

Indicators for judicial may not be at the state level and the community level.

Criminal justice needs to have an indicator

We should be doing Webinars to promote this.

- We will be looking at marketing this product soon.

Next meeting is data meeting is Aug 5th at OMNI Institute. If you would like to attend this meeting please feel free to attend.

The fewer number of indicators the better, this will show you where to go. The dashboard should be short and sweet. Just pick what you need. Keep in mind that you can always drill down into the information. You don't need to have it all on the dashboard.

- Survey to rate the top ten only.
- Maybe do dashboard with partners
- A session will be done at the Colorado DEC conference in October
- The Colorado Prevention Partners has contributed funding for the work on the indicators and the dashboard.

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Shoveling Up II and Framework for Change – Vice Chair Wood

A new report has been published by national Center on addiction and Substance Abuse at Columbia University titled, “Shoveling Up II: The Impact of Substance Abuse on Federal, State and local Budgets” (May 2009). Since the first “Shoveling Up” report of 2005, Colorado has moved up the list in regard to amount of state fund going to prevention and treatment, but the state contribution is still less than 3%, whereas 97% of approximately \$15 billion in state funds is still going to funding the “wreckage” of substance abuse. On August 20th Susan Foster will be coming to Colorado to highlight the findings of the report and to introduce the planned partnership between the State of Colorado and CASA Columbia referred to as “Framework for Change.” She will be a presenter on August 20, 2009, at the Colorado Substance Abuse and Healthcare Policy Summit that will be held at the Cable Center, University of Denver. The goal of this summit is to change the way people think about substance abuse and healthcare, bringing the issues into focus and most importantly, take action to influence policy.

CASA Columbia gave an initial presentation to the State Meth Task Force and the Behavioral Health Task Force (HJM-1050) about the “Shoveling Up II Report” regarding the cost of substance abuse related problems to states in 2007. Recently, representatives of CASA Columbia came in to meet with the Division of Behavioral Health and Behavioral Health Cabinet. This group approached us to work with them on developing a toolkit for the nation. The work is what is being referred to as the “Framework for Change”.

Jeannie Smith raised an interesting point. We are above the national average on what we spend on treatment. We are now getting money to do this and we are still in the mindset that we need money to fix this problem. We should reconsider what we need to do and use the kind of group like the State Meth Task Force, with representatives of intervention, prevention and law enforcement, to help us. The treatment community is seeing that we have more money available to do some things. Now that we have the support we can continue to show the progress. The issue is that there are funds going into the problem, but is it going to the right place? We need to remember this is the second report with new data and we may not be tracking the numbers right. Also, this is based on only two data points. Of course, the report is from data that was before the budget crisis.

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Collection of Best Practice Information – Vice Chair Moriarty

The collecting of Best Practices is part of the State Meth Task Force legislation and is based on Best Practices not necessarily evidenced-based approaches. We are looking for what is working, and for signs that are showing things are working. Twenty surveys from local providers have been completed to date and the survey is located on the Colorado DEC/State Meth Task Force website. The survey is 10 questions and can be completed in 10 minutes. There are a couple of disciplines for which we have not received information, such as law enforcement and environmental. Your assistance in requesting information from these disciplines is necessary.

National Methamphetamine Summit Action Plan

Jade Thomas, Director, Colorado DEC

Last November we had a group of 15 attend this summit. The action plan focuses on three critical populations: Lesbian, Gay, Bisexual and Transgender (LGBT), Women and Justice-involved. On July 15th the first follow up meeting was held.

There is a lack data on the LGBT populations.

We have been waiting for the Feds to come up with a LGBT Definition for data collection and we still do not have guidance.

- Do we cast a broad net for data collection and if feds come back with narrower definition, we should have information covered?
- We have legislative definition in Colorado that has been vetted through legislative process. In anti-discrimination parts of Colorado Statutes—gay, lesbian, bisexual, transgender (though does not define Transgender).
- At the child welfare conference, some counties are already training on LGBT issues. What training/definition are they using?
- In screenings—ask questions about how a person identifies as well as questions about sexual behavior. Providers are hesitant to ask clients about sexual behavior.
- Incorporate into current data collection systems— impacts: child welfare, youth corrections, substance abuse and mental health.
- Only want to change once, because do you not want have to re-train, etc.

Next Step: Send State definition to the group. Janet looked at incorporating LGBT data indicators as part of the substance abuse treatment data systems, CCAR and DACODS. Representative Mark Ferrandino worked with the Colorado Department of Health Care Policy and Financing on something similar and may have input on some best ways to incorporate into data systems. Ralph may already have questions worded and will check and share with group.

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LGBT Training:

- Jade attended a Training of Trainers (TOT) in California in March regarding an introduction to substance abuse treatment with LGBT individuals. There is the idea of possibly hosting another one of these TOTs in Colorado and bringing Tom Freese in to train providers. We can consider a request to the Feds to bring Tom in February 2010 for a couple of days. Again in summer/fall 2010?
- Access to Recovery (ATR) is considering certifying treatment providers as LGBT trained
- Perhaps there can be outreach to Directors of Treatment Centers to get buy-in and outreach to the Colorado Alcohol and Drug Abuse Providers Association
- Contacts with LGBT Community organizations? Through Dr. Thrun?
- Awareness 101--- half day? Skill building --- afternoon and day 2? 300 people—Awareness; 50 people TOT
- DBH Forum? February 2010? Thursday-Friday?
- SB318—Local teams from Judicial Districts. Conference put on hold. Meeting Monday to look at scheduling again and planning for another conference. Could be an option to do booster session concurrently with
- ATR meeting with various groups to identify providers and have them join ATR network
- Adopting new database to collect data for funded Ryan White activities. Sept 30th Ryan White legislation rescinds—reauthorized? New statewide planning group for HIV & STI Issues—will incorporate this work.

Women

Substance Exposed Newborns (SEN)

- The State Meth Task Force in partnership with Colorado DEC is hosting a work session on the issue of Substance Exposed Newborns facilitated by the National Center on Substance Abuse and Child Welfare on Wednesday, September 9th, 2009 from 8:30am - 4:30pm at the Doubletree Hotel Denver North at 8773 Yates Drive, Westminster, CO.
- Substance abuse during pregnancy is a widespread and concerning problem in the state of Colorado. Although actual numbers of mothers who use drugs and alcohol during pregnancy are difficult to document, the National Survey on Drug Use and Health (NSDUH) indicated that in 2007, 7.2 percent of pregnant women aged 15 to 44 had used illicit drugs including opiates, marijuana, cocaine, hallucinogens, inhalants, tranquilizers, stimulants, and sedatives in the past month. Additionally, an estimated 11.6 percent reported current alcohol use. The NSDUH data also suggested that women increased their substance use during the year after giving birth. 90-95% of all children with prenatal substance exposure are not detected at birth and leave the hospital with their birth parent(s) without follow-up plans or services.

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- The work session will include discussion on the principles of privacy, prevention, prosecution, and protection. This work session is designed to generate and foster discussion of the challenges associated with this issue in a multidisciplinary system-wide team approach. The anticipated outcomes of this session include: an expanded information base, recognition of shared principals, and a commitment to the ongoing process in Colorado.
- Colorado Clinical Collaborative is working on a FAS Guideline. Carmelita Muniz will send the most recent documents to the group. Ensure collaboration with SEN Work Session.

Justice Involvement

- To collect data the State courts system is interactively linked with the Division of Behavioral Health system for DUI offenders. Inclusion of new data indicators in the updating DACODS system for substance abuse treatment will allow for data to be collected on broader populations and is anticipated to result in consistent data across substance abuse treatment, probation and the court system.
-
- Can we do assessment on folks two weeks prior to release from incarceration so that upon release there is treatment and support services? By September should have agreements established.
- Bert Single tonwill update SMTF on the ATR work on an ongoing basis.
- Regarding the DAHSI Grant through TASC, this will be presented at SMTF Meeting on September 25th.
- Incorporate into CIT Training? Trained officers next step—2000 CIT officers in Colorado? DEC certified officers? Automatically after complete CIT get notification of DEC?
- What about a TRAILS mandatory Substance Abuse Field? The Child Welfare Action Committee recommendations come out next week. The Action Committee is establishing a Behavioral Health Subcommittee with an emphasis on domestic violence issues. Track this subcommittee see if recommendation can be on their radar.
- Additional ATR funds were allocated to the State of Colorado. We were able to receive money from other states that did not use their money and we are hoping to keep this money coming into. We hope to have people trained at all the sites where the money is going. We don't have money to make it statewide.
- ATR is looking to include Recovery Support Services assessments with The Haven—expanding the list of possible support services. ATR working with Dr. Anthony Young regarding county jails in ATR sites to allow further access to treatment through the ATR funds. Dr. Taylor had agreed to talk about the benefit about having an ATR coordinator in each community. This grant will pay for a number of items to help a person recover. We are looking at the system of ATR coordinators. Justice was looking at having this ready.

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Perinatal Subcommittee

Kathryn Wells, MD, Denver Health

Jade Thomas, Executive Director, Colorado DEC

This is an effort to screen newborns to drugs in the hospital. There will be a summit to do this and to bring the money and focus here. The children's bureau has helped to move this work forward. The national center was brought in to look at the issues. Sig Gardner will be here on Sept 9th. Invitation will be sent out to you to attend this conference. One emphasis is around identifying shared values and goals around these issues. We will also be looking at next steps around policies. We want to get everyone at the table; the medical community will be there as well as the law enforcement. The national folks are looking at us and will hopefully use this as a model.

Behavioral health committee is a sub committee is just starting and it was suggested to focus on other things, if you would like to be a member please let Kathryn know.

Closing comments

Next Meetings are Sept. 25th and Nov 20th.

Thank you to the vice chairs for all the work they do and all the work the members of the Task Force do as well. It is nice to see that we are doing some good work.